

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>6/17/05</u>		2 Serial/Patent # <u>09/976,804</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time</td><td></td><td>5/13/05</td><td>\$510.00</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time		5/13/05	\$510.00		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 100%;">\$ 510.00</div>			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Overpayment</td><td rowspan="3" style="width: 15%; vertical-align: middle; text-align: center;"> <input checked="" type="checkbox"/> </td> <td colspan="2" style="width: 35%;">8 TO BE REFUNDED BY:</td> </tr> <tr><td></td><td>Duplicate Payment</td><td colspan="2">Treasury Check</td> </tr> <tr><td><input checked="" type="checkbox"/></td><td>No Fee Due (Explanation):</td> <td colspan="2" style="padding: 5px;"> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> </td> </tr> </table>			Overpayment	<input checked="" type="checkbox"/>	8 TO BE REFUNDED BY:			Duplicate Payment	Treasury Check		<input checked="" type="checkbox"/>	No Fee Due (Explanation):	Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>		2	3	--	2	1	8	5	Extension of time submitted after abandonment																																
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11 REFUND REQUESTED BY: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> TYPED/PRINTED NAME: <u>Cliff Congo</u> SIGNATURE: <u><i>Cliff Congo</i></u> OFFICE: <u>Petitions</u> </div> <div style="width: 35%;"> TITLE: <u>Attorney</u> PHONE: <u>571-272-13207</u> </div> </div> <div style="border-top: 1px solid black; padding-top: 10px; margin-top: 10px;"> APPROVED: <u><i>Alana Kelly</i></u> DATE: <u>6/20/05</u> </div>																																																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

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PTO/SB/22 (08-03)
 Approved for use through 7/31/2008. OMB 0851-0031
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 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 122790-00101.1
Serial Number: 09/976,804	Confirmation Number:	Filed: October 12, 2001
Inventor(s): Maximilian POLYAK et al.		
For: COLD STORAGE SOLUTION FOR ORGAN AND BIOLOGICAL TISSUE PRESERVATION		
Art Unit: 1651	Examiner: Sandra E. Saucier	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>510</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-2185

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

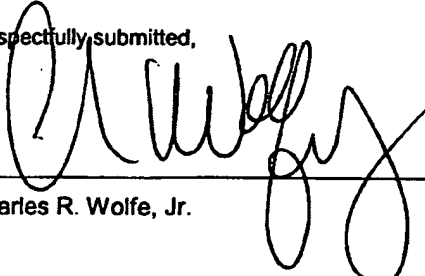
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

☒ attorney or agent of record. Registration Number 28,680

☐ attorney or agent under 37 CFR 1.34.
 Registration number if acting under 37 CFR 1.34 _____

Blank Rome LLP
 600 New Hampshire Avenue, N.W.
 Washington, DC 20037
 Tel: (202) 772-5800
 Fax: (202) 572-8398
 Customer No.: 27557

Respectfully submitted,



Charles R. Wolfe, Jr.

Date: May 13, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ **Total** 2 **forms are submitted.**

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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